| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | JBW | 76331 | 10/5/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | 875 | 10/30/00 |
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| = | .................................. Allowed | I | .............................. Interference |
| — | (Through numeral)... Canceled | A | .............................. Appeal |
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If more than 150 claims or 10 actions
staple additional sheet here

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